

Delegate Name _____	Badge Name _____
Guest Name _____	Badge Name _____
Additional Guest: _____	Badge Name _____
Agency _____	Title _____

Address _____	City _____	State _____	Zip _____
( ) _____	( ) _____		
Work Phone _____	Fax _____	E-Mail _____	

REGISTRATION FEE		Description	Before 06/22/05	After 06/22/05	Total Amount
<b>CHECK ONLY ONE – Except for the Spouse/Guest Options</b>			<b>Duplicate this form for more attendees.</b>		
<input type="checkbox"/>	<b>Delegate</b>	<b>Wednesday, Thursday, Friday:</b> Includes registration for all technical sessions; reception with dinner, continental breakfast, coffee breaks, and brunch	\$140.00	\$175.00	
<input type="checkbox"/>	<b>Spouse/Guest</b> (write number in box)	<b>Wednesday, Thursday, Friday:</b> Includes continental breakfast, reception with dinner and brunch	\$50.00	\$65.00	
<input type="checkbox"/>	<b>Spouse/Guest Tour</b> (write number in box)	<b>Thursday:</b> Water Tower Place (includes Field's, Lord & Taylor, & 900 Building Shops) & a Lunch	\$20.00	\$20.00	
<input type="checkbox"/>	<b>Dinner ONLY</b> Do not combine with other	<b>Wednesday:</b> Technical session and dinner <input type="checkbox"/> Check for vegetarian meal	\$60.00	\$60.00	
<input type="checkbox"/>	<b>One Day ONLY</b> Do not combine with other	<b>Thursday:</b> Includes continental breakfast, technical session and coffee breaks	\$80.00	\$80.00	
<input type="checkbox"/>	Please check if submitting a voucher. Indicate amount of voucher to the right. <b>MVC FEIN #36-335-0940</b>				

**NO CREDIT/DEBIT CARDS ACCEPTED**

**TOTAL ENCLOSED**

**PAYMENT INFO:**

Please return your completed conference registration with check, money order or voucher, Payable to Mississippi Valley Conference to:

Mississippi Valley Conference  
Illinois Department of Transportation  
201 West Center Court  
Schaumburg, Illinois 60196-1096  
Attn: Cathy Thrailkill

**CONTACT INFO**

For Registration Information: Cathy Thrailkill (847) 705-4494  
For Program Content: Cheryl Oatley (517) 335-4591  
For Guest Trip Information: Candice Nagakura (847) 705-4049

**RESERVATIONS:**

Room reservations cannot be guaranteed if placed after 06/25/05.

Holiday Inn City Centre,  
300 East Ohio Street  
Chicago, IL 60611  
(312) 787-6100

**PHYSICALLY IMPAIRED:**

Delegates requiring rooms for the physically impaired should notify the Holiday Inn Chicago City Centre as soon as possible

**MVC Registration Fee CANCELLATION POLICY:**

Refunds (minus a \$30.00 administrative fee) will be made for cancellations received after 07/02/05 and issued after 08/01/05

**Sponsored By:**



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